Permit No.



Town of Spencer 90 N West Street Spencer, Indiana 47460

Phone (812) 829-3213

FIRE APPLICATION AND PERMIT

I. APPLICANT INFORMATION							
Name:		Phone No.:					
Address:			-				
City:	State:	-	Zip:				
II. BURN INFORMATION							
Type and purpose of fire requested:							
Location/site of proposed fire:							
1 1							
Date and time to kindle and maintain fire:							
Date and time to kindle and maintain inc.							
By signing below I, the undersigned, agree to	abide by the	terms of this permit th	ne Town Code and other applicable				
laws. The applicant further agrees to assume	responsibility	for any all loss, dama	age or injury to any and all persons				
an/or property as a direct or indirect result of							
Town of Spencer, its employees, agents, departments from any responsibility and/or liability							
harmless from any responsibility and/or liability from any and all loss, damage, or injury to any and all persons and property as a direct or indirect result of the applicant(s) kindling and maintaining any fire.							
Signature:			Date:				
Printed Name:		Title (if applicable):					
	Office U	se Only					
		•					
Permit is							
□ Approved □ Approved, with the directives set forth below □ Denied							
The applicant must comply with the following directives:							
The applicant mast compty with the following all contrest.							
Signature of Fire Chief:			Date:				